NH-1120-WE

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

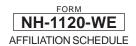
COMBINED BUSINESS PROFITS TAX RETURN

For the CALENDAR year 2006 or other taxable period beginning _____ and ending ____ and ending ____ SEQUENCE #4B

Due Date for CALENDAR year filers is on or before March 15, 2007 or for fiscal filers the 15th day of the 3rd month after the close of the taxable period.

<u>YO</u> U <i>A</i>	ARE	REQUIRED TO FILE THIS FORM IF YOUR GROSS BUSIN	<u>IESS INCOME WAS GREA</u> TER THAN \$50	,000.			
STEP 1 Please Print or Type	NAM	TE OF PRINCIPAL NEW HAMPSHIRE BUSINESS ORGANIZATION	FEDERAL EMPLOYER IDENTIFICATION NUM SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER	IBER,			
STEP 2	Α	Is the corporation filing its tax return on an IRS approved 52/53 week t	tax vear? Yes No				
Ques- tions	В	Does the corporation file as part of a unitary group in any other jurisdic	· ·				
	С	Has the corporation been found to be unitary by any other jurisdiction?					
	D	Is this corporation affiliated with any other business organization not in					
		return that files business tax returns with this department?					
		Please identify by name and FEIN					
STEP 3 Figure Your Taxes	1	Gross Business Profits (a) Combined Net Income from NH-1120-WE, Schedule I, Line 9	Bonus Depreciation	on			
		or if Bonus Depreciation was taken, Line 5 of Combined Sched (If negative, show in parenthesis)					
		(b) Separate entity or passive loss limitation adjustments	1(b)				
		(c) Subtotal [Line 1(a) adjusted by Line 1(b)]. If negative, show in parently (See instructions for Net Operating Loss (NOL) provisions)	thesis1(c)				
		(d) Foreign Dividends (Must be the same amount as Schedule II, Line 6 and the total of	of Column B on Schedule III)1(d))			
		(e) New Hampshire Combined Net Income (Line 1(c) adjusted by Line 1(d).	If negative, show in parenthesis) 1(e)				
	2	Additions and Deductions					
		(a) Add back income taxes or franchise taxes measured by incom	ne 2(a)				
		(b) New Hampshire Net Operating Loss Deduction (Attach Form DP-132-V	WE) 2(b) (
		(c) Interest on direct US Obligations	2(c) (
		(d) Wage adjustment required by IRC Section 280C	2(d) (
		(e) Foreign dividend gross-up (IRC Section 78)	2(e) (
		(f) Research contribution (See RSA 77-A:4 XII). Attach computation	ion 2(f) ()				
		(g) Add back return of capital from Qualified Investment Capital Compa	any _ 2(g) ()				
		(h) Combine Lines 2(a) through 2(g). (If negative, show in parenth	nesis.) 2(h)				
	3	Adjusted Gross Business Profits (Line 1(e) adjusted by Line 2(h). (If negative	ative, show in parenthesis) 3				
	4	New Hampshire Apportionment (Form DP-80, Line 5. Express as a dec	cimal to 6 places.) 4				
	5	New Hampshire Water's Edge Taxable Business Profits (Line 3 multiplie	ed by Line 4) 5				
	6	6 New Hampshire Foreign Dividends Taxable Business Profits (From Schedule II, Line 7) 6					
	7	7 New Hampshire Taxable Business Profits (Line 5 plus Line 6. If negative, enter zero)					
	8	New Hampshire Business Profits Tax (Line 7 x 8.5%)	8				
STEP 4	9	Credits allowed under RSA 77-A:5 (Attach Form DP-160-WE)	9				
Figure Your Credits	10	Subtotal (Line 8 minus Line 9)	10				
	11	New Hampshire Business Enterprise Tax Credit	11				
	12	New Hampshire Business Enterprise Tax Credit to be applied against B (Enter the lesser of Line 10 or Line 11)	Business Profits Tax				
	13	New Hampshire Business Profits Tax Net of Statutory Credits (Line 10 minus	s Line 12) 13				
		ENTER THE AMOUNT FROM LINE 13 ON LINE 1(b) OF THE BT- SUMMAR	RY FORM.				

THIS RETURN MUST BE FILED WITH THE BT-SUMMARY AND ALL APPLICABLE FEDERAL SCHEDULES.



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION COMBINED BUSINESS PROFITS TAX AFFILIATION SCHEDULE

SEQUENCE #4C

This page must be completed in its entirety as part of the NH-1120-WE. This page identifies the principal New Hampshire business organization, as defined in Rev 301.24, other members of the Water's Edge Combined Group, as defined in RSA 77-A:1 and those affiliates excluded from the group as non-unitary or qualified Overseas Business Organizations as defined by RSA 77-A:1, XIX.

Α	RINCIPAL NEW HAMPSHIRE BUSINESS ORGANIZATION FEDERAL EMPLOYER IDENTIFICATION N SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER					
	NUMBER & STREET ADDRESS					
	STREET ADDRESS (CONTINUED)					
	CITY/TOWN, STATE & ZIP CODE					
В	NEW HAMPSHIRE BUSINESS ACTIVITY					
С	Attach additional sheets for the following, if necessary Other members included in the Water's Edge Combined Group. Please indicate with an X those members who have nexus with New Hampshire.					
	Name of Business Organization	FEIN	Nexus			
1						
2						
3						
4						
5						
6						
7						
8						
D	Parent Company of this Combined Group	FEIN	Nexus			
Е	Name and federal employer identification numbers of the domestic affiliated business organizations who are excluded from the New Hampshire Water's Edge Combined Group as non-unitary members. Please indicate with an X those members who have nexus in New Hampshire.					
	Hampshire Water's Edge Combined Group as non-unitary members. Please indicate with an X those me	mbers who have nexus in New Ha	ampshire.			
	Hampshire Water's Edge Combined Group as non-unitary members. Please indicate with an X those menus Name of Business Organization	FEIN	Nexus			
1						
2						
2						
2 3 4						
2 3 4 5						
2 3 4 5 6						
2 3 4 5 6 7						
2 3 4 5 6 7 8	Name of Business Organization	FEIN	Nexus			
2 3 4 5 6 7	Name of Business Organization Name, location, and federal employer identification number, if applicable, of the affiliates excluded	FEIN from the group as qualified Ov	Nexus			
2 3 4 5 6 7 8	Name of Business Organization Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN from the group as qualified Overs who have nexus in New Har	Nexus			
2 3 4 5 6 7 8 F	Name of Business Organization Name, location, and federal employer identification number, if applicable, of the affiliates excluded	FEIN from the group as qualified Ov	Nexus			
2 3 4 5 6 7 8 F	Name of Business Organization Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN from the group as qualified Overs who have nexus in New Har	Nexus //erseas mpshire.			
2 3 4 5 6 7 8 F	Name of Business Organization Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN from the group as qualified Overs who have nexus in New Har	Nexus //erseas mpshire.			
2 3 4 5 6 7 8 F	Name of Business Organization Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN from the group as qualified Overs who have nexus in New Har	Nexus //erseas mpshire.			
2 3 4 5 6 7 8 F	Name of Business Organization Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN from the group as qualified Overs who have nexus in New Har	Nexus //erseas mpshire.			
2 3 4 5 6 7 8 F	Name of Business Organization Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN from the group as qualified Overs who have nexus in New Har	Nexus //erseas mpshire.			
2 3 4 5 6 7 8 F 1 2 3 4 5 6	Name of Business Organization Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN from the group as qualified Overs who have nexus in New Har	Nexus //erseas mpshire.			
2 3 4 5 6 7 8 F 1 2 3 4 5 6 7	Name of Business Organization Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN from the group as qualified Overs who have nexus in New Har	Nexus //erseas mpshire.			
2 3 4 5 6 7 8 F 1 2 3 4 5 6 7 8 8 7 8 8 7 8 8 8 8 8 8 8 8 8 8 8 8	Name of Business Organization Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those members and Location of Business Organization	FEIN from the group as qualified Overs who have nexus in New Har	Nexus //erseas mpshire.			
2 3 4 5 6 7 8 F 1 2 3 4 5 6 7	Name of Business Organization Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those member	FEIN from the group as qualified Overs who have nexus in New Har	Nexus //erseas mpshire.			
2 3 4 5 6 7 8 F 1 2 3 4 5 6 7 8 7 8 7 8 8 7 8 8 8 8 8 8 8 8 8 8 8	Name of Business Organization Name, location, and federal employer identification number, if applicable, of the affiliates excluded Business Organizations, as defined by RSA 77-A:1, XIX. Please indicate with an X those members and Location of Business Organization	FEIN from the group as qualified Overs who have nexus in New Har	Nexus //erseas mpshire.			



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

COMBINED BUSINESS PROFITS TAX RETURN

LINE-BY-LINE INSTRUCTIONS

STEP 1
Name
and
Identifi-
cation
Number

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. Please PRINT the taxpayer's name, address, social security number, or department identification number (DIN) in the spaces provided. If you have received a booklet of tax forms that are preprinted, please use that form. Enter spouse's name and social security number in the spaces provided for separate proprietorship only. Social security numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever social security numbers or federal employer identification numbers are required, taxpayers who have been issued a DIN, shall use their DIN only, and not their SSN or FEIN.

STEP 2 Questions

- Line A Check "yes" if the corporation files its tax return on an IRS approved 52/53 week tax year.
- Line B Check "yes" if the corporation files as part of a unitary group in any other jurisdiction.
- Line C Check "yes" if the corporation has been found to be unitary by any other jurisdiction regardless of its filing status in that jurisdiction.
- Line D Check "yes" if the corporation is affiliated with any other business organization not included within this combined return that files business tax returns with the Department.

STEP 3 Figure Your Taxes

BONUS DEPRECIATION: Check box and complete the Combined Schedule R.

Line 1 NEW HAMPSHIRE COMBINED NET INCOME

- (a) Enter Combined Net Income from NH-1120-WE, Schedule I, Line 9. If you checked the bonus depreciation box, Line 5 of the Corporate Schedule R is entered here.
- (b) Enter the amounts, which arise from the necessity of adjusting gross business profits to accommodate the New Hampshire requirement of separate entity treatment for business organizations. Examples are a New Hampshire partner's share of partnership activities reported on the partner's federal return (Rev 302.02) or adjustments required under IRC Section 857(b) (2) for real estate investment trusts and IRC Section 852(b)(2) for regulated investment companies or adjustments for the reversal of the use of Federal consolidating provisions relating to the calculation of Capital Gain (loss) and the Charitable Contribution Limitation. Attach a supporting schedule detailing the amount and type of adjustment(s). Enter any passive activity loss disallowed federally under IRC Section 469. Also enter any amount used to adjust the reported gain or loss on sale of assets which is attributable to an accumulated passive loss. If the total of this adjustment is a negative amount, then show in parenthesis, e.g. (\$50).
- (c) Enter the amount of Line 1(a) adjusted by Line 1(b). If negative, show in parenthesis, e.g. (\$50). If Line 1(c) shows a loss AND there are two or more New Hampshire nexus members in the combined group, then the New Hampshire net operating loss (NOL) carryforward available for future deduction must be allocated amongst the members of the combined group in accordance with Administrative Rule Rev 303.03. Form DP-131-WE, which provides the allocation format, is no longer required to be filed with the return. However, the carryback and carryforward provisions of RSA 77-A:4, XIII, as well as the allocation and apportionment provisions of Rev 303.03, still apply. (The loss must be reported on Form DP-132-WE, Combined Net Operating Loss (NOL) Deduction, for the year in which the deduction is claimed).

If Line 1(c) shows a loss AND there is only one New Hampshire nexus member of the combined group (and the combined group did not change during the 3 carryback years), then no allocation of the loss is required. However, the carryback and the carryforward provisions of RSA 77-A:4, XIII still apply.

Administrative Rules and Statutes for the Business Enterprise Tax and the Business Profits Tax as well as NOL provisions are available on our web site at www.revenue.nh.gov, within the laws and rules section. If you have specific questions concerning net operating loss provisions for combined filers please contact the New Hampshire Department of Revenue Administration, Audit Division, 45 Chenell Drive, PO Box 457, Concord, NH 03302-0457, telephone (603) 271-2191. Individuals with hearing or speech impairments may call TDD Access Relay NH 1-800-735-2964.

- (d) Foreign Dividends [RSA 77-A:3, II(b)] that are from overseas business organization payors must be included in Line 1(a) above in order to be deducted here. This amount must equal the total of column B on Schedule III. Failure to complete page 2 of the return and Schedules II and III could result in the inclusion of dividend income without factor relief or worldwide combination.
- (e) Line 1(c) adjusted by Line 1(d). Show negative amount in parenthesis, e.g. (\$50).

Line 2 ADDITIONS AND DEDUCTIONS

- (a) Enter the total New Hampshire Business Profits Tax and any income tax, franchise tax measured by net income or capital stock tax assessed by any state or political subdivision that was deducted on this year's federal return. Do not include the New Hampshire Business Enterprise Tax liability in this amount. Attach a schedule of taxes by state.
- (b) Enter the amount of carryover loss available as shown on Line 12 of Form DP-132-WE. Form DP-132-WE must be attached to the return. Refer to the instructions on the reverse side of Form DP-132-WE for the NOL carryover restrictions and allocation provisions.
- (c) Enter the amount of gross business profits as is attributable to income derived from non-taxable interest on notes, bonds or other direct securities of the United States government.
- (d) Enter the amount of the jobs credit [IRC Section 280C(a)] deducted on this year's federal return.
- (e) Enter the amount of gross business profits that is attributable to foreign dividend gross-up as determined in accordance with IRC Section 78.
- In the case of a business organization which makes qualified research contributions as defined in RSA 77-A:1, X, the gross business profits shall be adjusted by: (a) adding to gross business profits the amount deducted under IRC Section 170 in arriving at federal taxable income; and (b) deducting from gross business profits an amount equal to the sum of the taxpayer's basis in the contributed property plus 50 percent of the unrealized appreciation, or twice the basis of the property, whichever is less.
- (g) Enter an addition equal to any return of capital previously taken as a deduction pursuant to RSA 77-A:4, XVII as a capital contribution to a Qualifying Investment Capital Company if such return of capital is received within 3 taxable periods after the taxable period in which it was deducted. Attach a schedule listing name, FEIN and the amount paid.
- (h) Enter the total of Lines 2(a) through 2(g) on Line 2(h), showing negative amounts in parenthesis, e.g. (\$50).

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

COMBINED BUSINESS PROFITS TAX RETURN

LINE-BY-LINE INSTRUCTIONS (continued)

STEP 3 (Con't)	Line 3		TED GROSS BUSI). §	Show negative amounts in parer	nthesis, e.g. (\$50).
(00.1.1)	Line 4	NEW HA	MPSHIRE APPOR	TIO	NMENT				,
		Complete Form DP-80, Schedule A, Apportionment of Income. Enter resulting apportionment on Line 4 of your Form NH-1120-WE, expressed as a decimal to six places. Form DP-80 must be attached to Form NH-1120-WE.							
	Line 5 Enter the product of Line 3 multiplied by Line 4.								
	Line 6 Enter the New Hampshire foreign dividends taxable business profits from Schedule II, Line 7.								
	Line 7 Enter the sum of Line 5 plus Line 6.								
	Line 8	Enter th	e product of Line	' mu	Itiplied by 8.5%.				
STEP 4 Figure	Line 9	CREDIT	-						
Your		Enter th	e amount of credi	s all	lowed under RSA 77-	A:{	5. Form DP-160-WE, Schedule s claimed on Line 9. Do not i	of Business Pr	ofits Tax Credits,
Credits	Line 10		e amount from Lin			ante	claimed on Line 9. Do not	notice the BET	credit on this line.
			SS ENTERPRISE						
	Line				-	cre	edit against Business Profits Tax	c. Any unused p	ortion of the credit
		may be	carried forward ar	d all	lowed against Busines	SS	edit against Business Profits Tax Profits Tax due for up to 5 taxab	le periods from t	he period in which
		complet	e the following w	ax w orksh	as paid. To calculate neet:	tn	e BET credit to be applied again	ist this year's Bu	siness Profits Tax,
	l	•			BET CREDIT	۲W	ORKSHEET		
		-	Favable period on	امط			Taxable period ended Taxable	a period ended	Tavable period ended
		!	Taxable period end	eu	Taxable period cride	Ju	Taxable period chided Taxable	o period crided	Taxable period crided
A BET C	Credit	Ī		Ī,			>		
Carry	forward	Amount		17	7				
*See no	te below	l		_					
	nt Period								
liabilit BET, I	y from Fo	orm							
· ·		۱		-					
Carry	ng BET C forward	redit	()	(
	ote below		\	ן נ'	\ /		/ /	/_	/
D BET	Credit Ava	ailable		٦					
	Lines A, B a								
	on Line 1 120-WE	11 Of [_					
		[٦					
	nt Period v from NH								
	ine 10	20		┚╽					
F BET	Credit Dec	duction [٦					
	eriod (the le or Line E) Er								
	or Line E) Er			_					
WE				_					
G Credit	t Carryfo ∩t (Line D mir								
Carry thi	s amount for			\Box			<u> </u>	<u> </u>	
	on Line A in ent period.								
							rryforward amount, of the previo		
							osed on a separate entity basis		
a tax attribute to the individual entities to which the tax was imposed. In the event any individual entity is no longer a member of this combined group, you must remove their portion of BET credit carryforward from Line A.									
** Note: The BET credit may be carried forward and allowed against BPT taxes due for 5 (five) taxable periods from the period in which the tax									
was paid. Any unused credit prior to the 5 most current tax periods expiring in this taxable period is unavailable and should be included in Line C. STEP 4 Line 12 Enter the lesser amount of Line 10 or Line 11. If Line 11 is greater than Line 10, then a Business Enterprise Tax credit									
STEP 4 Figure	Line 12	carryfor	ward exists. Anv i	or li Nuse	ed portion of the curre	∟ın ent	periods's Business Enterprise 1	nen a Business fax Credit mav b	e carried forward and
Your	Your credited against any Business Profits tax due in a subsequent taxable period following the tax period of the BPT liability.								
Credits	Credits Line 13: Enter the amount of Line 10 minus Line 12.								
(55111)	ENTER THE AMOUNT FROM LINE 13 ONTO LINE 1(b) OF THE BT-SUMMARY FORM.								
1	ENTER THE AMOUNT FROM LINE 13 ONTO LINE 1(b) OF THE BT-SUMMARY FORM.								

PAGE 2 WATER'S EDGE COMBINED GROUP BUSINESS PROFITS TAX AFFILIATION SCHEDULE INSTRUCTIONS.

Page 2 of Form NH-1120-WE replaces Form AU-20. It must be completed in its entirety and submitted with the NH-1120-WE. This page identifies the principal New Hampshire business organization, as defined in Rev 301.24, other members of the Water's Edge Combined Group, as defined in RSA 77-A:1 and those affiliates excluded from the group as non-unitary or qualified overseas business organizations as defined by RSA 77-A:1.